# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
## (FOR USE WITH FORM PTO-875)

APPLICATION NO. 10/522855

## CLAIMS

| CLAIM | AS FILED IND. | AS FILED DEP. | AFTER 1st AMENDMENT IND. | AFTER 1st AMENDMENT DEP. | AFTER 2nd AMENDMENT IND. | AFTER 2nd AMENDMENT DEP. | | CLAIM | AS FILED IND. | AS FILED DEP. | AFTER 1st AMENDMENT IND. | AFTER 1st AMENDMENT DEP. | AFTER 2nd AMENDMENT IND. | AFTER 2nd AMENDMENT DEP. |
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| TOTAL DEP. | 14 | ← | | ← | | ← | | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | 17 | | | | | | | TOTAL CLAIMS | | | | | | |

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